



Iowa USSSA
 2425 Hubbell Avenue
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 Des Moines, IA 50317
 Phone: 515-216-1099
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Email: kelly@iowaussa.com
 Web: www.iowaussafastpitch.com

2019 IOWA USSSA FASTPITCH TOURNAMENT REQUEST FORM

Group: _____	Cell Phone: _____
Director: _____	Work Phone: _____
Address: _____	Fax: _____
City: _____	Email: _____
State: _____	County: _____
	Zip: _____

Tournament Name: _____	
Start Date: _____	End Date: _____
Tournament Type: <input type="checkbox"/> State Qualifier <input type="checkbox"/> NIT <input type="checkbox"/> _____ <input type="checkbox"/> All State Showcase	
Website: _____	
Link Tournament: <input type="checkbox"/> Link to website listed above <input type="checkbox"/> Link to entry form (please include with request form)	

AGE	GG	ENTRY FEE	GATE FEE	MAX TEAMS	CLASSIFICATIONS OFFERED	FACILITY
8	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____	_____

As the Tournament Director (Host), I have completely read and agree to meet all obligations for hosting an Iowa USSSA event. I fully understand that I am set to the highest standards in hosting the event and I will do all in my power to uphold the positive reputation of USSSA.

Host Signature	Date
Iowa USSSA Representative	Date



2019 IOWA USSSA FASTPITCH TOURNAMENT AGREEMENT FORM

HOST OBLIGATIONS TO IOWA USSSA FASTPITCH

1. The Group / Agency and Tournament Director stated above and signing below is herein described as and will herein be known as the *Host*.
2. The *Host* agrees that this form is for a REQUEST for sanctioning with USSSA and agrees not to advertise this tournament until Iowa USSSA Fastpitch issues a tournament approval number.
3. The *Host* agrees to verify at www.ussa.com all teams are registered with USSSA for the current season (Aug 1 – July 31). If a team is not registered, the *Host* agrees to require the team to register on-line at www.ussa.com before their first game.
4. The *Host* agrees to verify at www.ussa.com all teams have their team roster online with USSSA for the current season (Aug 1 – July 31). If a team does not have a official online roster, the *Host* agrees to require the team to input their roster online at www.ussa.com before their first game.
5. The *Host* agrees to email or fax a completed copy of all Tournament Result Forms to the State Office within 24 hours of completion of the tournament. Failure to provide completed results within 24 hours of completion will result in a fine of \$5.00 per team entered plus other possible penalties as allowed by the USSSA Bylaws.
6. The *Host* agrees to pay Iowa USSSA Fastpitch a **\$10.00** per team State Sanctioning Fee.
7. The *Host* agrees to pay Iowa USSSA Fastpitch a **\$100.00** National Sanctioning Fee.
8. The addition to above, if tournament is a USSSA NIT, the *Host* agrees Iowa USSSA Fastpitch a **\$500.00** National NIT Sanction Fee no later than 30 days prior to the scheduled start date. If the event is not played, the NIT Fee will be refunded. The National NIT Sanction Fee must be paid before the tournament will be advertised as an NIT
9. **Optional** - The *Host* agrees to pay Iowa USSSA Fastpitch a **\$15.00** per team tournament scheduling fee. The State Office will be responsible for creating schedule, posting schedule and placing teams when event is completed. The *Host* agrees to input game scores when event is in progress. *Host* agrees to provide the State Office team scheduling request along with field availability 7 days before the start date of event.
10. The *Host* agrees not to sanction a USSSA event with any other Association, Federation and / or league.
11. The *Host* agrees that the event will be played by the policies and procedures set forth with USSSA Bylaws. The *Host* agrees that any special rules associated with the tournament be submitted in writing to the State Director for review and approval. If approved, all teams will be informed of these rules upon entering the event.
12. The *Host* agrees to comply with all reasonable requests from the State Director.
13. If tournament is listed as an **All-State Showcase Qualifier**, *Host* agrees to promote, collect nominated players and input nominated players on the www.ussa.com system. Please see www.iowaussafastpitch.com for information.

As the Group / Agency Tournament Director (*Host*), I have completely read and agree to meet all obligations (see items 1 – 14) for hosting a USSSA event. I fully understand that I am set to the highest standards in hosting the event and I will do all in my power to uphold the Positive reputation of USSSA.

Our group request the State Office to schedule our event

Host Signature

Date

Iowa USSSA Representative

Date

Complete forms and fax to: 515-528-2442 or email to kelly@iowaussa.com

Iowa USSSA Fastpitch | 2425 Hubbell Avenue, Suite 105 | Des Moines, IA 50317 | 515-216-1099

for Iowa USSSA Fastpitch use only						
DESCRIPTION	QTY	FEE	TOTAL	DATE PAID	CHECK #	INVOICE #
Team Fee		\$10/team				
USSSA Sanction Fee	1	\$100/event				
NIT Sanction Fee		\$500/event				
Scheduling Fee		\$15/team				